Name In Full

Certificate of Death

Lilly May Aulthouse

Died at Town: Jacky town County: Garrett MARYLAND

Date 1964	Month: Feb 1	Age: Y. 43 M. D.	Native of: Md	Occupation

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ Widower | ~~Divorced~~ ~~Number of children living~~

Husband of
Wife

52

Father's Name Henry Aulthouse

Mother's Maiden Name Martha Angel

Cause of Death: Primary Addisons disease — How long sick 8 mos

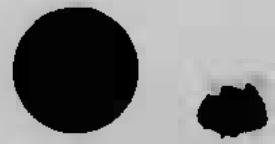
Immediate Asthenia — Accident, Suicide, Homicide

Reported by Carl Barnes MD

Address Jacky town

Must be signed by physician if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 73893



Name in Full: Caleb C. Baldwin

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Springfield Hospital - Sykesville — County: Carroll Co

Date of death 1904 — Month: 2" — Day: 6" — Age: Years 74 — Months — — Days —

Sex: male — Color or Race: White — Birthplace: Md.

~~Married, Single~~ or Widowed — Occupation: Cigar-Maker

Name of Wife or Husband: —

Father's Name: Abraham Baldwin — Father's Birthplace: N. J.

Mother's Maiden Name: Mary Proctor — Mother's Birthplace: Md.

Name of person giving information: L. C. Baldwin — How related to deceased: Son

67

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Paralytic dementia — How long: 7 yrs

Immediate: Chronic Nephritis - Pulmonary Oedema — How long: —

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Chas. J. Carey

Address: Hospital - Sykesville Md.

Springfield State

Accident or Suicide?

LIBRARY BUREAU A66816

Name in Full: Russell Exley Byers

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Sams creek County: Carroll Co

Date of death 1902: Month: Feb Day: 15 Age: Years: 5 Months: 8 Days: 5

Sex: Male Color or Race: White Birthplace: Md

Married, Single or Widowed: Single Occupation:

Name of Wife or Husband:

Father's Name: Father's Birthplace:

Mother's Maiden Name: Mother's Birthplace:

Name of person giving information: F. B Bankard Undertaker How related to deceased: Not related

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Measles How long:

Immediate: Pneumonia How long: 8 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Dr F. J. Brooks

Address: Marstown Md

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A66516

Name in Full: Francis Carmack

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town) D. P. Creek. (County) Carroll

Date of death: Month 1904 Feb. Day 17 Age: Years 80 Months 4 Days 27

Sex: Male Color or Race: White - Am- Birth-place: Carroll Co. Md-

Occupation: Retired - Where Residing if not at place of death: Died at home.

Married, Single or Widowed: Single Name of Wife or Husband: /

Father's Name: William Carmack Father's Birthplace: Carroll Co. Md-

Mother's Maiden Name: Sydia Ott. Mother's Birthplace: Rocky Ridge Md.

Name of person giving In formation: Sarah Carmack How related to deceased: Sister

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Senile debility - How long: 1 Year

Immediate: Slight Paral - How long: 10 days

Are the name, age, sex, color, date and place correctly given above? yes -

Signature of Physician: Chas. H. Diller

Address: D. P. Creek, Maryland.

Accident or Suicide?

LIBRARY BUREAU A6851G

Name in Full — Certificate of Death

James A Crimell

Town Geo — County Carroll — MARYLAND

Died at

Date 1894 Feb 14 (~~Month~~ Day) | Age Y. 75 M. 9 D. 13 | Native of Md | Occupation Farmer

Male — White — ~~Married~~ — ~~Widow~~ — ~~Divorced~~

~~Female~~ — ~~Colored~~ — ~~Single~~ — Widower — Number of children living 4

Husband of Wife —

Father's Name James Crimell — Mother's Name Rachel Crimell

Cause of Death: Primary Paralysis — How long sick 3 days

Immediate Paralysis — ~~Accident, Suicide, Homicide~~

Reported by D. S. Watts & Son

Address Mayfield Carroll Co Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79708

Ebenezer

Name In Full

Certificate of Death

Maggie M. Driscoll

Died at Town: Finksburg County: Carroll MARYLAND

Date 19 04 Month: July Day: 7 | Age Y. 27 M. D. | Native of md. | Occupation domestic

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | Widow ~~Widower~~ | ~~Divorced~~ | Number of children living

Husband of / Wife

Father's Name F. L. Crist | Mother's Maiden Name Laura L Lowing

Cause of Death — Primary: Consumption 2 yrs | How long sick: many years

Immediate: Consumption. | Accident, Suicide, ~~Homicide~~

Reported by Samuel M Pickett (Austin).

Address Woodbine Carroll Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: Elizabeth Deitz

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Sykesville; County: Carroll

Date of death: Month: 2nd; Day: 14th; 1904

Age: Years: 70; Months: —; Days:

Sex: Female

Color or Race: White

Birthplace: Germany

Occupation: Tailoring Work

Where Residing if not at place of death: (Baltr.)

Married, Single or Widowed: Widow

Name of ~~Wife~~ or Husband: — Deitz

Father's Name: — Schmidt

Father's Birthplace: Germany

Mother's Maiden Name: Katherine —

Mother's Birthplace: Germany

Name of person giving information: H. C. Becker

How related to deceased: Son-in-law —

154

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Senile Dementia

How long: over 3 1/2 years

Immediate: Exhaustion

How long: —

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: John Norfolk Morris M.D.

Address: Springfield State Hospital, Sykesville, Carroll Co., Md.

Accident or Suicide? No —

LIBRARY BUREAU Adopted

Name in Full

Certificate of Death

Andrew Lee

Died at Town: Mauchester dist. County: Carroll MARYLAND

Date 1890 Month: Feb. Day: 18th | Age Y.: 79 M.: 11 D.: | Native of: Penna. | Occupation: Carpenter

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | Widow ~~Widower~~ | ~~Divorced~~ | Number of children living: 3

Husband ~~Wife~~ of

Father's Name

Mother's Name

Cause of Death: Primary: Parietalic Abscess — How long sick: 2 mos.

Immediate: Uraemia

Accident, Suicide, Homicide

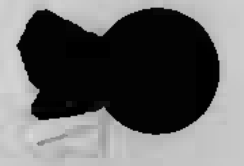
Reported by: Wm Shipley M.D.

Address: Hebron Md.

125

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706



Name in Full: Mary C. Donohue

CERTIFICATE OF DEATH

MARYLAND

454

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town) Westminster (County) Carroll

Date of death 1904 Month Feb Day 6

Age Years 54 Months 3 Days —

Sex Female Color or Race White Birthplace Silver Run

Occupation None Where Residing if not at place of death at County Home

Married, Single or Widowed Widow Name of Wife or Husband —

Father's Name William Rohrback 45 Father's Birthplace Silver Run

Mother's Maiden Name Susan Brumgart Mother's Birthplace " "

Name of person giving In formation Susan Humbart How related to deceased Sister

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary How long Ten

Immediate Cancer How long Yeas

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician John J. Mathias

Address Westminster Md Carrol Co.

Accident or Suicide? —

LIBRARY BUREAU A88316

Name in Full: Catherine Duvall

CERTIFICATE OF DEATH

MARYLAND

Town: Died near Mt Airy | County: Carroll

Date of death 1904: Month: Feb | Day: 13 | Age: Years: 5-5- | Months: 10 | Days: 8

Sex: Female | Color or Race: White | Birthplace: Montgomery Co Md

Married, Single or Widowed: Married | Occupation: Housewife

Name of Wife or Husband: Edward S. Duvall

Father's Name: Richard Young | Father's Birthplace: Montgomery Co Md

Mother's Maiden Name: Asaneth Prentz | Mother's Birthplace: Montgomery Co Md

Name of person giving In formation: Charles Duvall | How ralated to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Brights Disease | How long: 5 wks

Immediate: Brights Disease | How long:

120

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. E. Brownell

Address: Mt Airy Md

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A88618

Name in Full: Fanny Engleman

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: New Windsor County: Carroll

Date of death 1904: Month: 2 Day: 4 Years: Age 63 Months: Days:

Sex: Female Color or Race: White Birthplace: New Windsor

Married, Single or Widowed: Occupation:

Name of Wife or Husband:

Father's Name: Father's Birthplace:

Mother's Maiden Name: Mother's Birthplace:

Name of person giving Information: Billy Haines How related to deceased: ~~Friend~~

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: How long:

Immediate: Heart Trouble How long: ½ hour

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr. Winterson

Address: New Windsor Md

Accident or Suicide?

LIBRARY BUREAU A88516

H Bankard

Undertaker

Name in Full: France, Mariah -

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Bunett — County: Barnes

Date of death 190 4	Month	Day	Age	Years	Months	Days
	12	8		78	2	22

Sex: Female — Color or Race: Negro — Birthplace: Md -

Married, Single or Widowed: Widow — Occupation: None

Name of Wife or Husband: James France

Father's Name: William France — Father's Birthplace: Md

Mother's Maiden Name: Eliza France — Mother's Birthplace: Md -

Name of person giving information: James E. France — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

120

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Arteritis — How long: 12 mos

Immediate: Uremia — How long: 30 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. Frank Lucas M.D.

Address: Sykesville, Md -

Accident or Suicide?

LIBRARY BUREAU A83516

Name in Full: George. Freymaur

CERTIFICATE OF DEATH

MARYLAND

455

Died at: Town: New Windsor — County: Carroll

Date of death: 1904 — Month: Feb. — Day: 3 — Age: Years: 78 — Months: 10 — Days: 18

Sex: Male — Color or Race: White — Birthplace: Germany

Occupation: Undertaker — Where Residing if not at place of death: Home.

Married, Single or Widowed: Married — Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Dont know — Father's Birthplace: Germany

Mother's Maiden Name: " " 93. — Mother's Birthplace: " "

Name of person giving Information: Geo Freymaur — How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia — How long: 5 days

Immediate: " — How long: "

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Jos. D. Herring

Address: Westminster Md

Accident or Suicide?

LIBRARY BUREAU A38516

German Church

Name in Full: Ruth Frizzell

CERTIFICATE OF DEATH

MARYLAND

463

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Westminster — County: Carroll

Date of death: Month: Feb — Day: 24 — 1904

Age: Years: 8 5 — Months: 9 — Days: 21

Sex: Female — Color or Race: White

Birthplace: Carroll Co

Occupation: none

Where Residing if not at place of death: At Nurse's

Married, Single or Widowed: Single

Name of Wife or Husband: —

Father's Name: Richard Frizzell — Father's Birthplace: Carroll Co

Mother's Maiden Name: Airey Buckingham — Mother's Birthplace: " "

Name of person giving Information: Rosie Cook — How related to deceased: Nurse

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Paralysis — 66. — How long: —

Immediate: — How long: —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J. W Billingslea

Address: Westminster Md

Accident or Suicide?

LIBRARY BUREAU A33516

Fiore -

V. Oner

Name in Full: Kesiah Goodwin

CERTIFICATE OF DEATH

MARYLAND

#161

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Westminster — County: Carroll

Date of death: 1904 — Month: Feb — Day: 22 — Age: Years: 63 — Months: — Days: —

Sex: Female — Color or Race: Colored — Birthplace: Carroll Co

Occupation: Servant — Where Residing if not at place of death: Daughters

Married, Single or Widowed: Widow — Name of Wife or Husband: —

Father's Name: Robert Bell — Father's Birthplace: Carroll Co

Mother's Maiden Name: Fannie Lee — Mother's Birthplace: " "

Name of person giving Information: Melville Black. — How related to deceased: Nephew.

79

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Valvular Disease of Heart — How long: Several years

Immediate: Paralysis of Heart — How long:

Are the name, age, sex, color, date and place correctly given above? Yes — Signature of Physician: P. L. Woodward M.D.

Do not believe age is correct.

Address: Westminster Md

Accident or Suicide?

LIBRARY BUREAU

Name in Full: William Gorsuch

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Finksburg — County: Carroll

Date of death 1904 — Month: Feb — Day: 25

Age — Years: 83 — Months: 4 — Days: 22

Sex: Male — Color or Race: White — Birthplace: Md

Married, Single or Widowed: Widowed — Occupation: none

Name of Wife or Husband: Jane Patterson

Father's Name: Geo. W. Gorsuch — Father's Birthplace: Md

Mother's Maiden Name: Mary Gardner — Mother's Birthplace: Md

Name of person giving information: D. N. Gorsuch — How related to deceased: Nephew

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia — How long: 1 week

Immediate: " — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr. D. N. Gorsuch

Address: Gamber, Md.

Accident or Suicide?

LIBRARY BUREAU A899516

Name in Full

Certificate of Death

Rosa E Gorsuch

Town

County

Died at Sec Carroll MARYLAND

Date 19 Dec Month Feb Day 21 | Age Y. 32 M. 1 D. 2 | Native of Md | Occupation

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living 1

Husband of Wife

Father's Name Jesse Gorsuch | Mother's Maiden Name Ann Forman

Cause of Death: Primary Consumption 27 | How long sick one year 2 mo 4

Immediate Conjestion | ~~Accident~~, Suicide, ~~Homicide~~

Reported by Jones & Pickett Undertakers

Address Sec Carroll co md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808

Name in Full — Certificate of Death

James W Shoenbutz

Died at Town: Manchester — County: Carroll — MARYLAND

Date ~~189~~ 1904 Month Feb Day 26 | Age Y. 74 M. - D. 15 | Native of Md | Occupation Carpenter

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower ~~Divorced~~ | Number of children living 4

Husband / Wife of Annie Bixler 93.

Father's Name Lu Shoenbutz — Mother's Name Fanny Susan Kiely

Cause of Death — Primary: Pneumonia — How long sick: 4 weeks

Immediate: Jaundice — Accident, Suicide, Homicide

Reported by J N Sherman M D

Address Manchester Carroll Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name In Full — Certificate of Death

Louis Carl Grolock

Died at Town: Baughman — County: Carroll — MARYLAND

Date 1904 Month: Feb Day: 14 | Age Y.: 78 M.: 11 D.: 17 | Native of: Germany | Occupation: Farmer

Male / Female | White / Colored | Married / Single | Widow / Widower | Divorced | Number of children living: Two

Husband / Wife of: Mary Grolock

Father's Name | Mother's Maiden Name

103

Cause of Death — Primary: Gastric ulcer — How long sick: Three Yrs

Immediate: General debility — Accident, Suicide, Homicide

Reported by: J. A. Preston MD

Address: Manchester Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Maggie Hammond.

Certificate of Death

Town: Reisterstown County: Carroll MARYLAND

Died at

Month	Day	Y.	M.	D.	Native of	Occupation
Feb	3	60	yrs		Md.	Housewife

Date 1904 Age

~~Male~~ Female ~~White~~ Colored Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~

Number of children living: 4

~~Husband~~ Wife of Ruger Hammond.

Father's Name: Unknown Mother's Maiden Name: Unknown

Cause of Death — Primary: Senile Paralysis — 4 — How long sick: Duration

Immediate: Exhaustion from inanition

Accident, Suicide, Homicide

Reported by: Edward Foust M.D.

Address: Hampton Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full — Certificate of Death

Elza Hare

Died at Town: Westminster — County: Carroll — MARYLAND

Date 1904 Month Feb Day 14 | Age Y. 68 M. 11 D. 22 | Native of Md | Occupation Farmer

Male — White — ~~Married~~ — Widower — ~~Divorced~~

Female — ~~Colored~~ — ~~Single~~ — ~~Widower~~ — Number of children living 1

Husband of Wife —

Father's Name Jacob Henry Hare | Mother's Name Elizabeth Feather

Cause of Death — Primary: Heart Disease — How long sick 3 yrs

Immediate —

Accident, Suicide, Homicide

Reported by J. H. Sherman M.D.

Address Manchester Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full: Samuel Hillman

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at Springfield Hospital (Town) – Sykesville (County)

Date of death 1904 — Month: 2nd — Day: 20th — Age: Years 73 — Months — — Days —

Sex: Male — Color or Race: White — Birthplace: Russia

Married, ~~Single or Widowed~~ — Occupation

Name of Wife or Husband

Father's Name — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving Information — How related to deceased

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Senile Dementia — How long: 4 yrs.

Immediate: Heart failure — How long: 1 day

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Chas. J. Carey

Address: Sykesville Md.

Accident or Suicide?

LIBRARY BUREAU A88518

Name in Full: James S Hooker

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Bark Hill — County: Carroll

Date of death: Month: Feb — Day: 5 — 1904

Age: Years: 88 — Months: 1 — Days:

Sex: Male — Color or Race: White — Birthplace: Maryland

Occupation: Cooper — Where Residing if not at place of death: Bark Hill

Married, Single or Widowed: Married — Name of Wife or Husband: Mrs H. Hooker

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Jesse Hooker — Father's Birthplace: Maryland

Mother's Maiden Name: Hester Hollenberger — Mother's Birthplace: Md

Name of person giving Imformation: L H. Hamilton — How related to deceased: Daughter

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Heart Trouble — How long: Two years

Immediate: Palsy — How long: Two weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Luther Kemp

Address: Uniontown Md

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full

Certificate of Death

Eugenia Scott Hooper,

Died ~~at~~ near Town Winfield County Carroll MARYLAND

Date 1904 - Month 2 - Day 21 | Age Y. 52 M. 4 D. 19 | Native of Md. | Occupation Housewife

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living 4.

~~Husband~~ Wife of Benjamin F. Hooper

Father's Name Ephriam Conn Mother's Maiden Name Elizabeth Conn

Cause of Death: Primary Pneumonia — How long sick 3 da.

Immediate Heart Failure 93 — Accident, Suicide, Homicide

Reported by J. P. Watts & Son, F. D. & E.

Address Winfield Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Bethel

Name in Full

Donald Leakins

Certificate of Death

Died at Town: Bark Hill County: Carroll MARYLAND

Date 1902 Month: Feby Day: 20 | Age Y. 1 M. D. | Native of: Md | Occupation: None

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ Widower | ~~Divorced~~ ~~Number of children~~ living

Husband of

Wife

Father's Name: Daul. J. Leakins | Mother's Maiden Name: Emma J. Saulot

Cause of Death — Primary: Enteric & Intestinal | How long sick: 6 hours

Immediate: Hemorrhage | Accident, Suicide, Homicide

Reported by: Luther Kemp

109.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70898

Name in Full: Emma A. Leppo

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Sykesville (S.S. Hospital) County: Carroll

Date of death: Month: 2nd Day: 28th 1904

Age: Years: Unknown Months: Days:

Sex: Female

Color or Race: White

Birthplace: Unknown

Occupation: Housewife

Where Residing if not at place of death:

Married, Single or Widowed: Married

Name of Wife or ~~Husband~~: — Leppo

Father's Name: William Burns

Father's Birthplace: Pa.

Mother's Maiden Name: Hettie King

Mother's Birthplace: Pa

Name of person giving information: Sheriff Motter (Carroll Co)

How related to deceased: Friend only.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pthisis Pulmonalis

How long: 1½ months

Immediate: Exhaustion

How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: John Norfolk Morris M. D.

Address: Sykesville, Carroll Co., (Springfield Hospital), Md.

Accident or Suicide? No.

LIBRARY BUREAU A88016

Name In Full

Certificate of Death

Still Born

Died at Town Manchester County Carroll MARYLAND

Date 1924 Feb 5 | Age Month Day | Y. M. D. | Native of Auriéa | Occupation

Male / Female | White / Colored | Married / Single | Widow / Widower | ~~Divorced~~ | Number of children living

Husband of

Wife

Father's Name Elmer Lipsky

Mother's Maiden Name Annie E. Albright

Cause of Death: Primary Still Born S.

Immediate

How long sick

Accident, Suicide, Homicide

Reported by Jos. A. Preston M.D.

Address Manchester

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

Joseph L Simpson

Town

County

Died at Mt Airy Carroll MARYLAND

Date 19 04 Month Dec Day 29 | Age Y. 2 M. 1 D. 18 | Native of Md | Occupation —

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ Widower | Divorced | Number of children living 4

Husband of
Wife

Father's Name John H Simpson | Mother's Maiden Name Lelia J Frazer

Cause of Death — Primary: Diphtheria — How long sick 2 Weeks

Immediate — Accident, Suicide, Homicide

Reported by Dr E Fleming

Address Mt Airy Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name In Full

Ida Bell Murdock

Certificate of Death

Died at Pleasant Valley (Town) Carroll (County) MARYLAND

Date 19 04 Month Feb Day 10 | Age Y. 14 M. 9 D. 23 | Native of Md | Occupation Housework

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | Widow Widower | Divorced Number of children living

Husband of
Wife

Father's Name George Murdock | Mother's Maiden Name Lydia Shum

Cause of Death: Primary Child Birth — How long sick 22 days

Immediate Puerperal Septicemia — Accident, Suicide, Homicide

Reported by C. M. Bowers M. D.

Address Pleasant Valley Carroll Co Md.

Must be signed by physician, if eny in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: Andrew Myerly

CERTIFICATE OF DEATH

MARYLAND

460

Died at: Town: Roops mill — County: Carroll

Date of death: 1904 — Month: 2 — Day: 5 — Age: Years: 73 — Months: 4 — Days: 2

Sex: Male — Color or Race: White — Birthplace: Carroll Co.

Occupation: Storekeeper — Where Residing if not at place of death: Home

Married, ~~Single~~ or Widowed: Married — Name of Wife ~~or Husband~~: Mary Martin

Father's Name: Benjamin Myerly — Father's Birthplace: Carroll Co.

Mother's Maiden Name: Catherine Frountfelter — Mother's Birthplace: Carroll Co

Name of person giving information: Mrs. Mary Myerly — How related to deceased: Wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: ~~~~ — How long: ~~~~

1549

Immediate: Senile Paralysis — How long: 2 years

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: G H Bruns

Address: New Windsor Md

Accident or Suicide?

LIBRARY BUREAU A88516

Kriders Burial ground
Near Westminster

Name in Full: Samuel Ogg

CERTIFICATE OF DEATH

MARYLAND

453

Died at: Town: Near Westminster — County: Carroll

Date of death: Month: Feb — Day: 5 — Year: 1904

Age: Years: 79 — Months: 8 — Days: 4

Sex: Male — Color or Race: White — Birthplace: Maryland

Occupation: Stock Farmer — Where Residing if not at place of death:

Married, Single or Widowed: Widower — Name of Wife or Husband: Susan Lockard

Father's Name: George Ogg — Father's Birthplace: Maryland

Mother's Maiden Name: Elizabeth Ogg — Mother's Birthplace: " "

Name of person giving Imformation: Harry Ogg — How related to deceased: Grand Son

154

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Old age a Sunday — How long:

Immediate: Heart Failure — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Jas. H. Billingslea

Address: Westminster Md.

Accident or Suicide?

LIBRARY BUREAU A83516

Name in Full Bruce Ash

Certificate of Death

Died at near Town Taneytown County Carroll MARYLAND

Date 19 04 Month 2 Day 28 | Age Y. 37 M. 11 D. 15 | Native of md. | Occupation Retired

~~Male~~ Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband

Wife

Father's Name John [illegible] Ash

Mother's Maiden Name Emma Newcomer

Cause of Death: Primary Tuberculosis 2

Immediate Exhaustion

How long sick two years

~~Accident, Suicide, Homicide~~

Reported by J. H. Reid. M.D.

Address Taneytown. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70008

Name in Full: Mollie Otto

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Medford — County: Carroll

Date of death 1904: Month: 2 — Day: 4 — Age: Years: 56 — Months — Days

Sex: female — Color or Race: White — Birthplace: Near New Windsor

~~Married~~, Single or ~~Widowed~~ — Occupation

Name of Wife or Husband

Father's Name — Father's Birthplace

64.

Mother's Maiden Name — Mother's Birthplace

Name of person giving Information: Chas Otto — How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary — How long

Immediate ~~cause~~ Apoplexy — How long 3 hours

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Geo. H. Winterson.

Address: New Windsor Md

Accident or Suicide?

LIBRARY BUREAU A888 10

T. H. Barnard
Undertaker

2 Cards have been send before and
have not been charged —

Name In Full — Certificate of Death

Agneta Pickett

Died at Town: Sam. County: Carroll MARYLAND

Date 1904 Month: Feb Day: 26 | Age Y. 77 M. 11 D. 9 | Native of Md. | Occupation None

Male ~~Female~~ | White ~~Colored~~ | ~~Single~~ Married Widow Widower Divorced | Number of children living 2

Husband ~~Wife~~ of Mahales Pickett

Father's Name Ezekiel Pickett | Mother's Maiden Name Sarah Grimes

Cause of Death — Primary: Paralysis | How long sick 3 Mos.

Immediate: Heart Trouble | Accident, Suicide, Homicide

Reported by James M. Pickett Undertaker

Address Sam. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70893

Name in Full

Certificate of Death

Mahala Sickett

Town

County

Died at Dry Carroll MARYLAND

Date 1904 Month Feb Day 25- | Age Y. 99 M. D. | Native of | Occupation

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | Widow Widower | Divorced | Number of children living 2

Husband of Wife Angela Sickett

Father's Name Peter Jenkins | Mother's Maiden Name Sarah Parris

Cause of Death: Primary Pneumonia | How long sick

Immediate Pneumonia | Accident, Suicide, Homicide

Reported by James M Sickett undertaker

Address Dry Carroll Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70898

Name in Full: Maria L. Rakestraw

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Union Bridge; County: Carroll

Date of death 1904: Month: Feb; Day: 17; Age: Years: 73; Months; Days

Sex: Female; Color or Race: White; Birthplace: Pa

Married, Single or Widowed: Married; Occupation: House wife

Name of Wife or Husband: Wife of James Rakestraw

Father's Name: Benjamin Harris; Father's Birthplace: Pa

Mother's Maiden Name: Jane Hutton; Mother's Birthplace: Pa

Name of person giving In formation: John Rakestraw 93; How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pneumonia Senilis; How long: one week

Immediate: Heart Complications; How long: two days

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. L. Fair

Address: Bridge

Union

~~Accident or Suicide?~~

LIBRARY BUREAU A88516

Mt View Cemetery

Name in Full: Guy Theo. Harretts

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Marston — County: Carroll

Date of death 1904: Month: Feb 24 — Day: 24 — Age: Years: 8 — Months: 7 — Days: 11

Sex: Male — Color or Race: White — Birthplace: Pennsylvania

Married, Single or Widowed: Single — Occupation:

Name of Wife or Husband:

Father's Name: — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving Information: Irich File — How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Measles — How long:

Immediate: Brain Fever — How long: 5 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Dr. J. J. Brooks

Address: Marston Md

Accident or Suicide?

LIBRARY BUREAU A88616

H. Bankard
Undertaker

Name in Full: Charles Edward Shipley

CERTIFICATE OF DEATH

MARYLAND

458

Died at: Town: Westminster; County: Carroll

Date of death: Month: Feb. Day: 12 1904

Age: Years: 5 Months: 5 Days: 5

Sex: Male

Color or Race: White

Birthplace: Westminster

Occupation: —

Where Residing if not at place of death: Home

Married, Single or Widowed

Name of Wife or Husband

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Edward L. Shipley

Father's Birthplace: Carroll Co

Mother's Maiden Name: Effie Mentz

Mother's Birthplace: " "

Name of person giving In formation: Edward L. Shipley

How related to deceased: Father.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Congenital Heart Disease.

How long: Since birth.

Immediate: Acute Congestion of Lungs

How long: 6 hours.

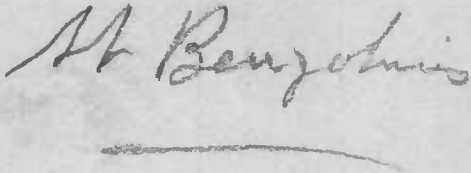
Are the name, age, sex, color, date and place correctly given above: Yes

Signature of Physician: Louis L. Woodward.

Address: Westminster Md

Accident or Suicide? —

LIBRARY BUREAU A88618



Name in Full: George W Shipley

CERTIFICATE OF DEATH

MARYLAND

409

Died at: Town: Parkton; County: Carroll

Date of death 1904: Month: Feb; Day: 12; Age: Years: 76; Months: 9; Days: 10

Sex: Male; Color or Race: White; Birthplace: Maryland

Married, Single or Widowed: Married; Occupation: Farmer

Name of Wife ~~or Husband~~: Martha N. Shipley

Father's Name: Grove Shipley; Father's Birthplace: Maryland

Mother's Maiden Name: Louisa Conaway; Mother's Birthplace: Do

Name of person giving In formation: W H Shipley; How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Old age; How long: One week

Immediate: Typhoid Pneumonia; How long: One week

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Jas. H. Billingslea M.D.

Address: Westminster Md.

Accident or Suicide? No -

LIBRARY BUREAU A283-15

Name in Full

Certificate of Death

Anna M. Sif.

Died at Town: Taneytown County: Carroll MARYLAND

Date 1904 Month: 12-10- Day | Age Y. 66 M. 3 D. 24 | Native of Md. | Occupation Retired

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

Husband of Wife + + + + + +

Father's Name John Sif | Mother's Maiden Name Sarah A. Morris

Cause of Death: Primary Paralysis. | How long sick Two month

Immediate Gangrene - Exhaustion | ~~Accident, Suicide, Homicide~~

Reported by H. H. Leiss, M.D.

Address Taneytown, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808

Name in Full — Certificate of Death

Elizabeth Slyder

Died at Town: Silver Run — County: Carroll — MARYLAND

Date 1904	Month: 2	Dey: 20	Age: Y. 88 M. 8 D.	Native of: Md.	Occupation: —

~~Male~~ / Female — White / ~~Colored~~ — ~~Married~~ / Single — ~~Widow~~ / ~~Widower~~ — ~~Divorced~~ / ~~Number of children living~~

Husband / Wife of

Father's Name: Jacob Slyder — Mother's Maiden Name: Sallie Rentzahn

Cause of Death — Primary: old age — How long sick: 15d

Immediate — Accident, Suicide, Homicide

Reported by: Edward F. Bright Undertaker Uniontown Md

Address: [illegible]

Must be signed by physician, If eny in attendance, otherwise [illegible]ner, undertaker or minister.

LIBRARY BUREAU. 79894

Name in Full

Certificate of Death

Lansing Smith

Died at Town: Millers County: Carroll MARYLAND

Date 1904 Month Feb Day 22 | Age Y. 69 M. 6 D. 1 | Native of New York | Occupation Farmer

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ ~~Divorced~~ | Number of children living 2

Husband / Wife of Eliza Albaugh

Father's Name Curtis Smith | Mother's Name

Cause of Death: Primary Heart Disease | How long sick Sudden

Immediate | Accident, Suicide, Homicide

Reported by J H Sherman M D

Address Manchester Carroll Co Md

Must be signed by physician, if any in attendance; otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full

Certificate of Death

Sarah Shemel

Died at Manchester dist (Town) Carroll (County) MARYLAND

Date 1904 Month Feb Day 24 Age Y. 70 M. D. Native of Md Occupation housewife

~~Male~~ Female White ~~Colored~~ Married ~~Single~~ Widow ~~Widower~~ Divorced ~~Number of children living~~ 1

~~Husband~~ Wife of David Shemel 120

Father's Name George Mace

Mother's Name Margaret Burns

Cause of Death: Primary Chronic Bright's disease How long sick one yea

Immediate Dropsy ~~Accident, Suicide, Homicide~~

Reported by John S Zieglar M D

Address 91 Melrose Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name In Full

Certificate of Death

Mary Ann Turner

near Town: Westfield County: Carroll MARYLAND

Died ~~in~~

Date 1904 - Month 2 - Day 18 | Age Y. 88 - M. 4 - D. 22 | Native of Md. | Occupation ———

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ Number of children living

Husband / Wife of

Father's Name George Turner | Mother's Maiden Name 154 Turner

Cause of Death — Primary: Senile debility — How long sick ———

Immediate: Senile debility — ~~Accident, Suicide, Homicide~~

Reported by J. P. Walt + Son F. D. & E.

Address Westfield Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Home

Name in Full: Jacob Thomson

CERTIFICATE OF DEATH

MARYLAND

45-2

Died at — Town: Westminster — County: Carroll

Date of death 1904 — Month: Feb — Day: 4 — Age: Years 56 — Months — Days 9

Sex: Male — Color or Race: White — Birthplace: Maryland

Occupation: Living Man Farmer — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or ~~Husband~~: Elizabeth Woodrow

Father's Name: James Thomson — Father's Birthplace: Maryland

Mother's Maiden Name: Mary Ann Hiltabridle — Mother's Birthplace: Del

Name of person giving Information: Chas Thomson — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia — How long: 10 days

Immediate: " — How long: "

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Jos. D. Herring

Address: Westminster

Accident or Suicide?

93

LIBRARY BUREAU A66516

Name in Full: Rachel A. Tyler

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Union Bridge; County: Carroll

Date of death 1904: Month: Feb; Day: 22; Age: Years: 69; Months: ; Days:

Sex: Female; Color or Race: White; Birthplace: Balto., Md

Married, Single or Widowed: Widow; Occupation: Housewife

Name of ~~Widow~~ Husband: John Tyler

Father's Name: Samuel Holmes; Father's Birthplace: Balto.,

Mother's Maiden Name: Sarah Fitz; Mother's Birthplace: "

Name of person giving information: Mollie Snyder; How related to deceased: Daughter.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Carcinoma Cutaneous; How long: 3 Years

Immediate: ; How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. L. Fair

Address: Bridge

Accident or Suicide?

Union

LIBRARY BUREAU A68516

Name in Full: Lanfossen.

CERTIFICATE OF DEATH

MARYLAND

Died at: Middletown — Town: [illegible] — County: Frederick

Date of death 190 – Month: January — Day: 28 — Age: Years: 79 — Months: 1 — Days: 27

Sex: male — Color or Race: White — Birthplace: near Braddock Md

Married, ~~Single or Widowed~~ — Occupation: Mechanic

Name of Wife ~~or Husband~~: Catharine E. Lanfossen nee Steck.

Father's Name: — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving information: J. D. Nicodemus — How related to deceased: in no way

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Paralysis from Cerebral Hemorrhage — How long: 4 year.

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? ✓

Signature of Physician: J. D. Nicodemus

Address: Walkersville, Md

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A8831c

Name in Full: Robert Wards

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: New Windsor; County: Carroll Co

Date of death 1904: Month: Feb; Day: 17; Years: Age 83; Months; Days

Sex: Male; Color or Race: White; Birthplace

~~Married, Single or~~ Widowed; Occupation

Name of Wife or Husband

Father's Name; Father's Birthplace

Mother's Maiden Name; Mother's Birthplace

Name of person giving Information: J H Bankard Undertaker; How related to deceased: Not related.

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary; How long

Immediate: Acute Indigestion; How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr Geo Brown

Address: New Windsor Md

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: William Whitmer

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town) Taneytown (County) Carroll

Date of death 1904 (Month) Feb (Day) 5

Age (Years) 45 (Months) 10 (Days) 25

Sex: Male

Color or Race: white

Birthplace: Mayberry

Occupation: Farmer

Where Residing if not at place of death:

Married, ~~Single~~ Widowed: yes

Name of Wife or ~~Husband~~: Clara Whitmer

Father's Name: Levi Whitmer

Father's Birthplace: Taneytown

Mother's Maiden Name: Elizabeth Shaum

Mother's Birthplace: " "

Name of person giving Imformation: William Boring

How related to deceased: Brother in law

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Neuralgia — How long: 7 days

Immediate: Neuralgia of Heart — How long: Suddenly

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: C. F. Weaver M.D.

Address: Taneytown Md.

~~Accident or Suicide?~~ No

LIBRARY BUREAU A88018

Name in Full: Katie Wilbur

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Pykesville; County: Carroll

Date of death: Month: 2; Day: 27th; 1904

Age: Years: 34; Months: -; Days: -

Sex: Female

Color or Race: White

Birthplace: Md.

Occupation: Housewife

Where Residing if not at place of death:

Married, Single or Widowed: Widowed

Name of Wife or Husband: — Wilbur

Father's Name: Nathanial Frampton

Father's Birthplace: Md.

Mother's Maiden Name: Elizabeth Cannahan

Mother's Birthplace: Md

Name of person giving Information: Mrs — Hoskall

How related to deceased: Sister

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Status Epilepticus — How long: 2 days

Immediate: Exhaustion — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: John Norfolk Morris M.D.

Address: Springfield State Hospital, Pykesville Carroll Co Md

Accident or Suicide? No.

LIBRARY BUREAU A0810

Name in Full: Elizabeth Wilson

CERTIFICATE OF DEATH

MARYLAND

457

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Westminster — County: Carroll

Date of death 1904: Month: Feb — Day: 7 — Age: Years: 69 — Months: 6 — Days: 3

Sex: Female — Color or Race: Colored — Birthplace: —

Occupation: House Keeper — Where Residing if not at place of death: Home

Married, Single or Widowed: Widow — Name of Wife or Husband: —

Father's Name: Don't Know — Father's Birthplace: —

Mother's Maiden Name: Abbie Shearer — Mother's Birthplace: Frederick Co.

Name of person giving information: Joseph Wilson — How related to deceased: None

93.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary — How long

Immediate: Pneumonia — How long

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Jas. M. Stoner, Undertaker

Address: Westminster Md

Accident or Suicide? —

LIBRARY BUREAU

Ellsworth county.

Name In Full

Certificate of Death

Jessie Wilson

Town

County

Died at Hancock Washington MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
Date 1904 Feb	21	Age 30.			Md	housework

Male / Female

White / Colored

Married / Single

Widow / Widower

Divorced

Number of children living 2

Husband of
Wife Harry Wilson

Father's Name Joseph Tiffany

Mother's Maiden Name Bruce

Cause of Death — Primary: Tuberculosis

Immediate: " Pulmonary

How long sick 7

Accident, Suicide, Homicide

Reported by John J Zeigler M.D.

Address Hancock Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79885

Name in Full

Susan L. Walter

Certificate of Death

Died at Town: Snydersburg County: Carroll MARYLAND

Date 1904 Month Feb Day 24 | Age Y. 68 M. 1 D. 24 | Native of Maryland | Occupation Housewife

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ | Number of children living 3

~~Husband~~ Wife of Emanuel A Walter

Father's Name Samuel Myers | Mother's Name

Cause of Death: Primary Pneumonia | How long sick 8 days

Immediate | Accident, Suicide, Homicide

93

Reported by J H Sherman M.D.

Address Manchester Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full Eliza Ingling

Certificate of Death

Town Manchester County Carroll

Died at Manchester MARYLAND

Date 189- 1904 Month Feb Day 23 | Age Y. 76 M. 1 D. 20 | Native of Pa | Occupation Housewife

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ | Number of children living 2

~~Husband~~ Wife of Abel Ingling

Father's Name Jacob Shaffer Mother's Name 79.

Cause of Death { Primary Heart trouble | How long sick 2 months

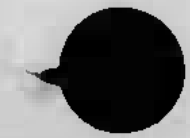
Immediate Dropsy | Accident, Suicide, Homicide

Reported by D H Fuhrman MD

Address Manchester Carroll Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70708



Name in Full — Certificate of Death

Geo Ingling

Died at Town: Manchester — County: Carroll — MARYLAND

Date 1914 Month Feb Day 7	Age Y. 72 M. 8 D. 14	Native of Maryland	Occupation Farmer

Male — ~~Female~~ | White — ~~Colored~~ | Married — ~~Single~~ | Widow — ~~Widower~~ | ~~Divorced~~ | Number of children living 7

Husband — ~~Wife~~ of Catherine Allem

Father's Name: Geo Ingling — Mother's Name: Sarah Hinkle

Cause of Death — Primary: Diabetes — How long sick: 4 yrs

Immediate: Gangrene — ~~Accident, Suicide, Homicide~~

Reported by J H Sherman MD

Address Manchester Carroll Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706